

Fill in this information to identify your case:			
Debtor 1	Mary Lynne O'Brien		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN	District of PENNSYLVANIA		
Case Number (if known)	15-10185		

Form B 6J

Schedule J: Your Expenses – Continuation Page

All figures below are included in the total on Line 22 of Schedule J

2. Additional Dependents Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	_____	_____	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes
	_____	_____	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes

Your Expenses

6d. Other Utilities.

Specify: _____ \$ _____
Specify: _____ \$ _____

15d. Other Insurance.

Specify: _____ \$ _____
Specify: _____ \$ _____

16. Taxes. Do not include taxes deducted from your pay or included in Lines 4 or 20.

Specify: _____ \$ _____
Specify: _____ \$ _____

19. Other payments you make to support others who do not live with you.

Specify: _____ \$ _____
Specify: _____ \$ _____

21. Other.

Specify: Pet Food, Vet Expenses	\$ 160.00
Specify: Car Expenses/Repairs	\$ 50.00
Specify: _____	\$ _____